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CONFIRMATION NO. 1971

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|---|--|--|-------------------------------|---|
| SERIAL NUMBER 09/745,730 | FILING DATE 12/26/2000 RULE | CLASS 370 | GROUP ART UNIT 2661 | ATTORNEY DOCKET NO. 369252/99 |
| APPLICANTS Yoshikazu Kobayashi, Tokyo, JAPAN; | | | | |
| ** CONTINUING DATA ***** <div style="text-align: right; margin-right: 50px;"> <i>NONE RES 5-20-01</i> </div> | | | | |
| ** FOREIGN APPLICATIONS ***** JAPAN 369252/1999 12/27/1999 <i>RES 5-20-01</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2001 | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <i>[Signature]</i> <small>Examiner's Signature</small> </div> <div style="text-align: center;"> <i>[Initials]</i> <small>Initials</small> </div> </div> | STATE OR COUNTRY JAPAN | SHEETS DRAWING 4 | TOTAL CLAIMS 7 | INDEPENDENT CLAIMS 2 |
| ADDRESS Whitham, Curtis & Whitham Reston International Center Suite 900 11800 Sunrise Valley Dr. Reston, VA 20191 | | | | |
| TITLE Telephone controller for VoIP | | | | |
| FILING FEE RECEIVED 710 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> All Fees </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.16 Fees (Filing) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"> <input type="checkbox"/> Other _____ </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Credit </div> | | |